

TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

STD 262 (REV 10/92)

Page 1 of 1

CLAIMANT'S NAME David Crane		SSAN OR EMPLOYEE NUMBER		DEPARTMENT Governor's Office	
POSITION Special Advisor		CB/D NUMBER	DIVISION OR BUREAU		INDEX NUMBER
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS State Capitol Building		TELEPHONE NUMBER	
CITY Sacramento	STATE CA	ZIP 95814			

Nov-09	LOCATION		LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
	DATE	TIME	WHERE INCURRED	BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES	AMOUNT	
	13 Nov	6am	SFO to LAX and back					292.90	Airline	105.00		0.00	397.90
	17 Nov	7:30am	SFO to LAX and back					205.20	Airline	40.00		0.00	245.20
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
SUBTOTALS				0.00	0.00	0.00	0.00	498.10	0.00	158.00	0	0.00	0.00
COLUMN CODE (ACCTG. USE ONLY)													

CLAIM TOTAL

643.10

~~\$656.10~~

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

11/13: Strategy session at Oak Productions with Governor Schwarzenegger

11/17: Remarks on tax reform at LA County Business Federation board meeting

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240830

I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE	DATE 1/4/00	SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE 1/6/10
SIGNATURE OF AUTHORITY FOR SPECIAL EXPENSES			